Michigan Eligibility Verification Voice Response System

Medicaid Eligibility Verification from your Touch-Tone Phone

Contents

Michigan Eligibility Verification Voice Response System

Using the System

Overview

The Michigan Eligibility Verification System allows you to verify a recipient's current or pending eligibility for Michigan Medicaid.

You can choose to have your response spoken verbally over the telephone or to have a copy faxed to you.

To search for a recipient's current or pending eligibility status, you must know your **provider ID**, your **provider type code**, and **one** of the following combinations of information:

- The **recipient ID**, or

- The recipient's **Social Security number** and **date of birth**, or

- The recipient's **first** and **last names** and **Social Security number**, or

- The recipient's **first** and **last names** and **date of birth**.

For current eligibility transactions, you must also know the **date of service**. You cannot inquire about future dates of service.

Providers are limited to making two inquiries per call between the hours of 9:00 AM and 12:00 PM and between 1:00 PM and 3:00 PM Eastern time on weekdays.

Tips for Using the System

- You must call from a Touch-Tone phone with Touch-Tone dialing enabled.

- Once you are familiar with the system, you can key ahead in response to a prompt. You need not wait until the prompt has been completely spoken to press a key or enter your response.

- You can press ****** in response to a prompt if you want to re-enter your response to that prompt. This feature is useful if you miskey a number or letter in the middle of a response. For example, if you press ****** while keying in your provider ID, the system will expect you to re-enter your entire provider ID.

Alphabetic Conversion Table

Use the Alphabetic Conversion Table for entering letters on your Touch-Tone phone keypad.

To enter a letter, you must enter a two-digit code. The first digit of the code will be the number on the key cap. The second digit of the code will correspond to the position of the letter within those displayed on the key.

For example, to enter the letter **A** you press ***21** because **A** is on the number **2** key and it is the first letter appearing on that key (**ABC**).

Refer to the following chart when entering letters:

To enter:	Press:
A	21
B	22
C	23
D	31
E	32
F	33
G	41
H	42
I	43
J	51
K	52
L	53
M	61
N	62
O	63
P	71
Q	11
R	72
S	73
T	81
U	82
V	83
W	91
X	92
Y	93
Z	12

Note: If you enter a key combination that does not represent a letter, such as **54**, the system will sound a beep. After the beep, you can re-enter that letter. If you miskey the letter three times, the system will repeat the name prompt. You will have one more chance to enter the name.

Voice Responses

Introduction

Follow the instructions in this chapter to receive a voice response with the patient's information. If you want to receive a faxed response, follow the instructions under "Faxed Responses" on page 9.

The Call: Voice Responses

1. **Dial-**

   - **1-888-696-3510**.

   The system welcomes you, then prompts you to identify yourself as a Touch-Tone caller by pressing any key.

2. **Press-**

   - **any key** on your Touch-Tone keypad.

   If you do not press a key within a short period of time, the system will terminate the call. You must call from a Touch-Tone phone with Touch-Tone dialing enabled.

   The system prompts you for your provider ID.

3. **Enter-**

   - Your seven-digit **provider ID**, followed by

   - **#** (the pound key).

   The system prompts for your provider type code.

4. **Enter-**

   - Your two-digit **provider type code**, followed by

   - **#** (the pound key).

   The system reads a message regarding any changes or additions made to the Michigan Eligibility Voice Response System program.

5. To skip the message after you have already heard it, **press-**

   - **8**, followed by

   - **#** (the pound key).

   If you try to skip this message without hearing the entire message one time, the message will repeat up to three times, speak an error message, then terminate the call.

   The system prompts for the transaction type.

6. **Choose** your transaction type:

- For **current eligibility**, press **1**.

- For **pending eligibility**, press **2**.

The system prompts for your search preference.

7. **Choose** your search option. If you want to search by -

- The **recipient ID**, press **1**. Go to "If you chose recipient ID:" on page 4.

- The recipient's **Social Security number** and **date of birth**, press **2**. Go to "If you chose Social Security Number and Date of Birth:" on page 4.

- The recipient's **name** and **date of birth**, or **name** and **Social Security number**, press **3**. Go to "If you chose name and date of birth or name and Social Security number:" on page 5.

If you chose recipient ID:

The system prompts for the recipient ID.

8. **Enter-**

- The eight-digit **recipient ID**, followed by

- **#** (the pound key).

If you chose to perform a current eligibility transaction, the system prompts for the date of service.

9. **If you are running a current eligibility transaction, enter-**

- The **date of service**, in MMDDYY format, followed by

- **#** (the pound key).

For example, for a date of service of March 1, 2002, enter **030102#***.*

The system prompts for the response type.

10. **Press-**

- To receive a **voice response**, press **#** (the pound key).

If you are running a current eligibility transaction, go to "The current eligibility response:" on page 6. If you are running a pending eligibility transaction, go to "Pending Eligibility Response" on page 21.

If you chose Social Security Number and Date of Birth:

The system prompts for the recipient's Social Security number.

11. **Enter-**

- The recipient's nine-digit **Social Security number**, followed by

- **#** (the pound key).

The system prompts for the recipient's date of birth.

12. **Enter-**

- The recipient's **date of birth**, in MMDDCCYY format, followed by

- # (the pound key).

*For example, for a date of birth of July 1,1950, enter **07011950#**. You must include the century.*

If you chose to perform a current eligibility transaction, the system prompts for the date of service.

13. **If you are running an eligibility transaction, enter-**

- The **date of service**, in MMDDYY format, followed by

- # (the pound key).

*For example, for a date of service of March 1, 2001, enter **030101#**.*

The system prompts for the response type.

14. **Press-**

- To receive a voice response, press **#** (the pound key).

If you are running a current eligibility transaction, go to "The current eligibility response:" on page 6. If you are running a pending eligibility transaction, go to "The pending eligibility response:" on page 8.

If you chose name and date of birth or name and Social Security number:

The system delivers instructions for entering letters. Refer to the "Alphabetic Conversion Table" on page 2 for details.

Note: If you enter a key combination that does not represent a letter, such as **54**, the system will sound a beep. After the beep, you can re-enter that letter. If you miskey the letter three times, the system will repeat the name prompt. You will have one more chance to enter the name.

The system prompts for the last name.

15. **Enter-**

- The recipient's **last name** (up to 10 characters), followed by

- # (the pound key).

The system prompts for the recipient's first name.

16. **Enter-**

- The recipient's **first name** (up to eight characters), followed by

- # (the pound key).

The system asks whether you have the recipient's date of birth or Social Security number.

17. **Press-**

- **1** to enter the date of birth. Go to Step 18.

- **2** to enter the Social Security number. Go to Step 19.

18. **If you chose date of birth in Step 17, enter-**

- The recipient's **date of birth**, in MMDDCCYY format, followed by

- **#** (the pound key).

*For example, for a date of birth of May 1,1950, enter **05011950#**.
You **must** include the century.*

19. **If you chose Social Security number in Step 17, enter-**

    - The recipient's nine-digit **Social Security number**, followed by

    - **#** (the pound key).

    If you chose to perform a current eligibility transaction, the system
    prompts for the date of service.

20. **If you are running an eligibility transaction, enter-**

    - The **date of service**, in MMDDYY format, followed by

    - # (the pound key).

    *For example, for a date of service of March 1, 2002, enter **030102#**.*

    The system prompts for the response type.

21. **Press-**

    - To receive a voice response, press **#** (the pound key).

    If you are running a current eligibility transaction, go to "The current
    eligibility response:" on page 6. If you are running a pending eligibility
    transaction, go to "The pending eligibility response:" on page 8.

The current eligibility response:

When the recipient is on file:

If you chose to run an eligibility transaction, and the recipient's file is
found, the system responds with basic information about the recipient's
current eligibility status and coverage on the requested date of service.

If detailed other insurance information is on file, you have the
following options:

22. **Press-**

    - **1** to repeat the basic eligibility information just spoken.

    - **2** to hear additional information about the recipient, such as the
      recipient's scope coverage code, the program code, the county of
      residence, date of birth, Social Security Claim number, name, and
      worker load information. Go to "Additional information about the
      recipient:" on page 7.

    - **3** to skip to detailed information about the recipient's other
      insurance coverage. Go to "Detailed other insurance information:"
      on page 8.

    - **4** to go back to the search type prompt so that you can inquire
      about another recipient. Return to Step 6.

    Otherwise, hang up to conclude your call.

    If there is no detailed other insurance information on file, you
    have the following options:

23. **Press-**

- **1** to repeat the basic eligibility information just spoken.

- **2** to hear additional information about the recipient, such as the recipient's scope coverage code, the program code, the county of residence, date of birth, Social Security Claim number, name, and worker load information. Go to "Additional information about the recipient:" on page 7.

- **3** to go back to the search type prompt so that you can inquire about another recipient. Return to Step 6.

Otherwise, hang up to conclude your call.

If the recipient does not have a record in the current eligibility file:

If the recipient is not on file, the system prompts you to make the following choice:

24. **Press-**

- **1** to repeat the "Recipient Not On File" message.

- **2** to go back to the search type prompt so that you can search for the recipient's file using a different method, or so that you can inquire about another recipient. Return to Step 6.

Otherwise, hang up to conclude your call.

Additional information about the recipient:

If you chose to hear additional information about the recipient, the system tells you the recipient's **scope coverage code**, **program code**, **county of residence**, **date of birth**, and **Social Security Claim number** (if available).

25. **Press-**

- **1** to repeat the additional information just spoken.

- **2** to continue to the next prompt. The system asks whether you would like to hear the recipient's name, gender, and worker load number.

26. **Press-**

- **1** to hear the recipient's name, gender, and worker load number. The system spells out the recipient's first and last names and gives the worker load number. Go to Step 27.

- **2** to skip the recipient's name, gender, and worker load number.

If the recipient does not have other detailed information on file, the system speaks the final prompt. Return to Step 6. If the recipient has detailed other insurance information on file, the system begins to speak information relating to the recipient's first third party carrier.

27. **Press –**

- **1** to repeat the recipient's name and worker load number.

- **2** to continue.

Detailed other insurance information:

If the recipient has detailed other insurance information on file, the system speaks the **insurer's carrier ID** or the **insurance code**, the **policy number**, the **contract number**, and the **service code** for the first third party carrier on file.

If the recipient has more than one third party carrier on file, you have the following options:

28. **Press-**

    - **1** to repeat the detailed other insurance information you just heard.

    - **2** to hear information about the next insurance carrier on file.

      The system speaks information about the recipient's next carrier. If there is another carrier, repeat Step 28. Otherwise, go to Step 29.

    - **3** to skip the remaining insurance information. The system speaks the final prompt. Return to Step 6.

    If the recipient has only one third party carrier on file, you have the following options:

29. **Press-**

    - **1** to repeat the detailed other insurance information you just heard.

    - **2** to repeat additional information about the recipient. Return to "Additional information about the recipient:" on page 7.

    - **3** to go back to the search type prompt so that you can search for the recipient's file using a different method, or so that you can inquire about another recipient. Return to Step 6.

    Otherwise, hang up to conclude your call.

30. **Press-**

    - **1** if you want to perform another current or pending eligibility transaction. Return to Step 6.

    Otherwise, hang up to conclude your call.

The pending eligibility response:

When the patient has a pending eligibility record on file:

If you chose a pending transaction, and the patient has a record in the pending eligibility file, the system responds that the patient has pending eligibility and gives the patient's county of residence and worker load number. You then have the following options:

31. **Press-**

    - **1** to repeat the pending eligibility response.

    - **2** to continue. The system gives you the option to perform another transaction.

32. **Press-**

    - **1** if you want to perform another current or pending eligibility transaction. Return to Step 6.

Otherwise, hang up to conclude your call.

If the patient does not have a pending eligibility record on file:

If the patient does not have a record in the pending eligibility file, the system returns to the search type prompt. Return to Step 6.

Faxed Responses

Introduction

Follow the instructions in this chapter to receive a faxed response with the patient's information. If you want to receive a voice response, follow the instructions under "Voice Response" on page 3.

The Call: Faxed Responses

1. **Dial-**

   - **1-888-696-3510**.

   The system welcomes you, then prompts you to identify yourself as a Touch-Tone caller by pressing any key.

2. **Press-**

   - **any key** on your Touch-Tone keypad.

   If you do not press a key within a short period of time, the system will terminate the call. You must call from a Touch-Tone phone with Touch-Tone dialing enabled.

   The system prompts you for your provider ID.

3. **Enter-**

   - Your **seven-digit provider ID**, followed by

   - # (the pound key).

   The system prompts for your provider type code.

4. **Enter-**

   - Your **two-digit provider type code**, followed by

   - # (the pound key).

   The system reads a message regarding any changes or additions made to the Michigan Eligibility Voice Response System program.

5. To skip the message after you have already heard it, **press-**

   - **8**, followed by

   - **#** (the pound key).

   If you try to key through this message without hearing the entire message one time, the message will repeat up to three times, speak an error message, then terminate the call.

   The system prompts for the transaction type.

6. **Choose** your transaction type:

- For **current eligibility**, press **1**.

- For **pending eligibility**, press **2**.

The system prompts for your search preference.

7. **Choose** your search option. If you want to search by -

- The **recipient ID**, press **1**. Go to "If you chose recipient ID:" on page 10.

- The recipient's **Social Security number** and **date of birth**, press **2**. Go to "If you chose Social Security Number and date of birth:" on page 11.

- The recipient's **name** and **date of birth**, or **name** and **Social Security number**, press **3**. Go to "If you chose name and date of birth or name and Social Security number:" on page 12.

If you chose recipient ID:

The system prompts for the recipient ID.

8. **Enter-**

- The eight-digit **recipient ID**, followed by

- # (the pound key).

If you chose to perform a current eligibility transaction, the system prompts for the date of service.

9. **If you are running a current eligibility transaction, enter-**

- The **date of service**, in MMDDYY format, followed by

- **#** (the pound key).

*For example, for a date of service of March 1, 2002, enter **030102#**.*

The system prompts for the response type.

10. **Press-**

-To receive a **faxed response**, press **1**.

If you have a fax number on file, the system asks you to verify the number or enter a different one. If a fax number is not on file, the system prompts you to enter one.

11. **Press-**

- To use the fax number on file, press **#** (the pound key).

- To enter a different fax number, press **1**.

If a fax number is not on file or you want to enter a different number, the system asks you to enter the fax number.

12. **Enter-**

- Your **fax number** including the area code, followed by

- # (the pound key).

The system asks if you want to save the fax number as your default number.

13. **Press-**

- To save the fax number as your default number, press **1**.

- To use the fax number for this transaction only, press **#** (the pound key).

The system responds with a message that your fax is on the way, the recipient is not on file, or the system is not available. If the fax is on the way, go to "The faxed response:" on page 13. Otherwise, hang up to conclude your call or to try again later.

If you chose Social Security Number and date of birth:

The system prompts for the recipient's Social Security number.

14. **Enter-**

- The recipient's nine-digit **Social Security number**, followed by

- # (the pound key).

The system prompts for the recipient's date of birth.

15. **Enter-**

- The recipient's **date of birth**, in MMDDCCYY format, followed by

- # (the pound key).

*For example, for a date of birth of July 1,1950, enter **07011950#**. You must include the century.*

If you chose to perform a current eligibility transaction, the system prompts for the date of service.

16. **If you are running an eligibility transaction, enter-**

- The **date of service**, in MMDDYY format, followed by

- # (the pound key).

*For example, for a date of service of March 1, 2002, enter **030102#**.*

The system prompts for the response type.

17. **Press-**

-To receive a **faxed response**, press **1**.

If you have a fax number on file, the system asks you to verify the number or enter a different one. If a fax number is not on file, the system asks you to enter one.

18. **Press-**

- To use the fax number on file, press **#** (the pound key).

- To enter a different fax number, press **1**.

If a fax number is not on file or you want to enter a different number, the system asks you to enter the fax number.

19. **Enter-**

- Your **fax number** including the area code, followed by

- # (the pound key).

The system asks if you want to save the fax number as your default number.

20. **Press-**

- To save the fax number as your default number, press **1**.

- To use the fax number for this transaction only, press # (the pound key).

The system responds with a message that your fax is on the way or that the system is not available. If the fax is on the way, go to "The faxed response:" on page 13. Otherwise, hang up to conclude your call or to try again later.

If you chose name and date of birth or name and Social Security number:

The system delivers instructions for entering letters. Refer to the "Alphabetic Conversion Table" on page 2 for details.

Note: If you enter a key combination that does not represent a letter, such as **54**, the system will sound a beep. After the beep, you can re-enter that letter. If you miskey the letter three times, the system will repeat the name prompt. You will have one more chance to enter the name.

The system prompts for the last name.

21. **Enter-**

- The recipient's **last name** (up to 10 characters), followed by

- **#** (the pound key).

The system prompts for the recipient's first name.

22. **Enter-**

- The recipient's **first name** (up to eight characters), followed by

- **#** (the pound key).

The system asks whether you have the recipient's date of birth or Social Security number.

23. **Press-**

- **1** to enter the date of birth. Go to Step 24.

- **2** to enter the Social Security number. Go to Step 25.

24. **If you chose date of birth in Step 23, enter-**

- The recipient's **date of birth**, in MMDDCCYY format, followed by

- # (the pound key).

*For example, for a date of birth of May 1, 1950, enter **05011950#**. You **must** include the century.*

25. **If you chose Social Security number in Step 23, enter-**

- The recipient's nine-digit **Social Security number**, followed by

- **#** (the pound key).

If you chose to perform a current eligibility transaction, the system prompts for the date of service.

26. **If you are running an eligibility transaction, enter-**

- The **date of service**, in MMDDYY format, followed by

- **#** (the pound key).

For example, for a date of service of March 1, 2002, enter **030102#**.

The system prompts for the response type.

27. **Press-**

- To receive a faxed response, press **1**.

If you have a fax number on file, the system asks you to verify the number or enter a different one. If a fax number is not on file, the system asks you to enter one.

28. **Press-**

- To use the fax number on file, press **#** (the pound key).

- To enter a different fax number, press **1**.

If a fax number is not on file or you want to enter a different number, the system asks you to enter the fax number.

29. **Enter-**

- Your **fax number** including the area code, followed by

- **#** (the pound key).

The system asks if you want to save the fax number as your default number.

30. **Press-**

- To save the fax number as your default number, press **1**.

- To use the fax number for this transaction only, press **#** (the pound key).

The system responds with a message that your fax is on the way or the system is not available. If the fax is on the way, go to "The faxed response:" on page 13. Otherwise, hang up to conclude your call or to try again later.

The faxed response:

If the patient's record is on file, you will receive a faxed response for an eligibility transaction or a pending eligibility transaction. For an example of an eligibility response, see "Eligibility Response" on page 14. For an example of a pending eligibility response, see "Pending Eligibility Response" on page 21. If the patient is not on file or if an error has occurred, your response will have an error message. For a list of error messages with explanations, see "Error Messages" on page 22.

After you receive your faxed response, do the following:

31. Press-

- **2** to return to the search prompt to perform another search. Return to Step 6.

Otherwise, hang up to conclude your call.

Eligibility Response

All of the items described in this response explanation may not appear in every response. The database will return only the information that is applicable to your query.

If the database does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Record Status

The record status indicates one of the following:

> **Open** - the record has not been processed.
> **Closed** - the recipient is eligible.
> **Retry** - the recipient is ineligible or is not on file, you entered query data in an invalid format, or an error of a non-severe type occurred. Read the response message for clarification.
> **Error** - An error of greater severity occurred. Read the response message for clarification.

Eligibility Indicators

This information appears on the top of the report, unless error information appears in the response.

Medicaid

Indicates the recipient's eligibility status for Michigan Medicaid: **Y** - recipient is eligible for Medicaid on the requested date of service.

TPL

Indicates whether the recipient has third party coverage information on file (**Y** = Yes or **N** = No).

Medicare

Indicates whether the recipient has Medicare coverage (**Y** = Yes or **N** = No).

Input / Response Information

Input information lists the input fields in the query and the data you entered in them. The Response information shows each piece of data returned from the recipient's file that corresponds to an input field.

Input and response fields for this database are:

Recipient ID

The recipient's eight-digit Michigan Medicaid recipient identification number.

Date of Birth

The recipient's date of birth.

Last Name

The recipient's last name.

First Name

The recipient's first name.

Medicaid

The Medicaid section can occur once.

MI

The recipient's middle initial, as on file.

Gender

The recipient's gender (**M** = male, **F** = female, or **U** = unknown).

Spenddown

Indicates whether or not the recipient is a spenddown recipient. It **does not** indicate whether the spenddown requirement has been met.

Medicare HIC

The recipient's Medicare HIC (Health Insurance Claim) number.

Worker Load

The recipient's case load number. The first two digits of the case load number represent the recipient's district, the third and fourth digits represent the section, the fifth and sixth digits represent the unit, and the seventh and eight-digits represent the worker.

Eligibility

The Eligibility section of the response can occur up to 12 times.

Begin Date

The beginning date of service that was entered in your inquiry. This date is *not* the beginning date of eligibility on file.

End Date
> The ending date of service that was entered in your inquiry. This date is *not* the ending date of eligibility on file.

County Code
> A code for the county in which the recipient currently resides, followed by the name of the county.

No Heading (County Code Description)
> The name of the county in which the recipient currently resides. The name corresponds to the **County Code**.

FIA County Office Phone
> The Family Independence Agency (FIA) case worker's telephone number.

Scope-Cvg
> Codes representing the recipient's scope and coverage status, followed by a special description of the scope and coverage (if required). The first digit is the scope code and the second digit is the coverage status code.

No Heading (Scope-Cvg Description)
> A special description of the recipient's scope and coverage status. The description corresponds to specific scope/coverage criteria. Some **Scope-Cvg** codes do not match the criteria. In this instance, the description field will be blank.

Health Plan Name
> The name of the recipient's health plan.

No Heading (Health Plan Address)
> The address of the recipient's health plan.

Health Plan Phone
> The telephone number for the recipient's health plan.

PAMA Program
> A code for the type of public assistance program (PAMA) that the recipient is eligible for, followed by a description of the public assistance program.

No Heading (PAMA Program Description)

A description of the recipient's public assistance program (PAMA).
The description corresponds to the **PAMA Program** code.

Case #

The recipient's Family Independence Agency (FIA) family case
number.

Level of Care

The Level of Care section of the response can occur up to six times.

Begin Date

The beginning date of service that was entered in your inquiry. This
date is *not* the beginning date of eligibility on file.

End Date

The ending date of service that was entered in your inquiry. This date
is *not* the ending date of eligibility on file.

Level of Care

A code representing the level of care the recipient is eligible to receive,
followed by a description of the level of care.

No Heading (Level of Care Description)

A description of the level of care the recipient is eligible to receive.
The description corresponds to the **Level of Care** code.

Provider ID

The Michigan Medicaid provider identification number of the
recipient's managed care provider.

Provider Name

The name of the recipient's managed care provider.

Phone

The telephone number of the recipient's managed care provider.

Patient Pay

The dollar amount that the recipient is required to pay each month, if
applicable.

CSHCS Enrollment

The CSHCS (Children's Special Health Care Services) Enrollment section of the response can occur up to six times.

Begin Date
The beginning date of service that was entered in your inquiry. This date is *not* the beginning date of eligibility on file.

End Date
The ending date of service that was entered in your inquiry. This date is *not* the ending date of eligibility on file.

Provider ID
The Michigan Medicaid provider identification number of the recipient's CSHCS managed care provider.

Provider Type
The type of managed care provider filing the claim.

Provider Name
The name of the recipient's CSHCS managed care provider.

Phone
The telephone number of the recipient's CSHCS managed care provider.

No Heading (CSHCS Provider Message)
A message informing the provider whether or not they are authorized to provide CSHCS services.

MOMS

The MOMS (Maternity Outpatient Medical Services) section of the response can occur up to six times.

Begin Date
The beginning date of Maternity Outpatient Medical Services (MOMS) coverage.

End Date
The ending date of Maternity Outpatient Medical Services (MOMS) coverage.

MOMS Code

A code representing the Maternity Outpatient Medical Services (MOMS) coverage the recipient is eligible to receive, followed by a description of the coverage.

No Heading (MOMS Code Description)

A description of the recipient's eligibility status for Maternity Outpatient Medical Services (MOMS) coverage. The description corresponds to the **MOMS Code**.

Dental

The Dental section can occur up to 12 times.

Begin Date

The date the recipient's dental insurance coverage became effective.

End Date

The last effective date of the recipient's dental insurance coverage.

Program Code

The recipient's Delta Dental insurance program code followed by a description of the dental insurance program.

No Heading (Program Code Description)

A description of the recipient's Delta Dental insurance program.

Phone

A toll-free telephone number for Delta Dental insurance.

Managed Care

The Managed Care section of the response displays current managed information only and the section can occur up to six times. It is possible that the recipient ma have more than one primary care physician (PCP) per plan, and also, that (incorrectly) a recipient may be a member of more than one plan, resulting in multiple occurrences of the Managed Care section.

Health Plan

The name of the recipient's current health plan, as of the date of this inquiry.

Current PCP

The name of the recipient's current primary care physician (PCP) for the health plan.

PCP Phone
    The primary care physician's (PCP's) telephone number.

No Heading (Health Plan Message)
    If the other fields in the Managed Care Section are not returned, the following message will appear: **Health Plan info not available but will be later this month.**

Third Party Liability

The Third Party Liability section of the response can occur up to nine times.

Begin Date
    The date the recipient's private health insurance coverage became effective.

End Date
    The last effective date of the recipient's private health insurance coverage.

Control #
    The third party liability control number.

Carrier ID
    A unique eight-digit number assigned to the private health insurance carrier by the Michigan Medicaid Revenue and Reimbursement Division.

Carrier Name
    The name of the recipient's private health insurance carrier.

Contact
    The name of an individual and/or a department at the recipient's private health insurance carrier where claims should be sent.

No Heading (Carrier's Address)
    The private health insurance carrier's address.

Policy #
    A number identifying the employer group or policy group of the recipient's private health insurance policy.

Policyholder
    The private health insurance policyholder's first and last names.

Contract

A unique contract number identifying the policyholder's private health insurance policy. (Frequently, the policyholder's Social Security number serves as the contract number.)

Service Code

Three four-digit codes that identify the coverage and benefit parameters of the recipient's private health insurance policy.

Employer

The name of the policyholder's employer (if insurance was provided through the employer).

Other Ins

A code that identifies the carrier or group name on file and on the recipient's Medicaid card, followed by a description of the other insurance.

No Heading (Other Ins Description)

A description of the recipient's other insurance. The description corresponds to the **Other Ins** code.

Recipient Not Eligible

If the recipient is not eligible for Medicaid on the date of service that you entered, your response will have the message **HT0033 - Recipient Not Eligible**.

If the recipient is not eligible for Medicaid on the date of service that you entered, but he/she later regains eligibility for the date of service, then the recipient may be enrolled in QHP (Qualified Health Plan). Your response will have the message **HT0619 – Recipient Not Eligible. If Recipient Regains Eligibility For DOS, Then Recipient May Be Enrolled In QHP:**. Your response will also include the **Provider Name and Phone**.

Pending Eligibility Response

All of the items described in this response explanation may not appear in every response. The database will return only the information that is applicable to your query.

If the database does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Record Status

The record status indicates one of the following:

Open - the record has not been processed.

> **Closed** - the recipient is eligible.
> **Retry** - the recipient is ineligible or is not on file, you entered query data in an invalid format, or an error of a non-severe type occurred. Read the response message for clarification.
> **Error** - An error of greater severity occurred. Read the response message for clarification.

Input / Response Information

Input information lists the input fields in the query and the data you entered in them. The Response information shows each piece of data returned from the recipient's file that corresponds to an input field.

Input and response fields for this database are:

Recipient ID

> The recipient's previous Michigan Medical Assistance identification number.

Pending Eligibility

The Pending Eligibility section appears once.

Reg County

> A two-digit code representing the county where the recipient registered for Medicaid, followed by the name of the county.

No Heading (Reg County Description)

> The name of the county where the recipient registered for Medicaid. The county name corresponds to the **Reg County** code.

Worker Load

> An eight-digit code that identifies the recipient's caseload number. Each two digits of the **Worker Load #** represents a different area:
>
> > Digits 1 and 2 = District
> > Digits 3 and 4 = Section
> > Digits 5 and 6 = Unit
> > Digits 7 and 8 = Worker

Error Messages

HT0026 – Duplicate Recipient

> There is more than one record on file for this recipient with Michigan Medicaid.

HT0030 – Provider Not Authorized

> The provider is not authorized for the date of service that you entered.

HT0031 – Provider Not On File
The provider number that you entered or that was sent by default is not on file with Michigan Medicaid.

HT0032 – Recipient Not On File
The recipient was not found in the Michigan Medicaid database with the information that you entered. Retry the transaction and use another type of search.

HT0033 – Recipient Not Eligible
The recipient is not eligible for Medicaid on the date of service that you entered.

HT0035 – Host Timed Out Waiting For Response From Carrier
The host did not receive a response from the Michigan Medicaid database within a predefined period of time. Wait for a short period of time; then retry the transaction.

HT0048 – Name Not On File
The recipient's name and date of birth that you entered are not on file with Michigan Medicaid.

HT0049 – Social Security Number Not On File
The recipient's Social Security number/name combination or Social Security number/date of birth combination that you entered are not on file with Michigan Medicaid.

HT0617 – Provider Type Not On File
The provider type that you entered is not on file with Michigan Medicaid.

HT0618 – Provider ID And Provider Type Combination Is Not On File
The provider identification number and provider type that you entered are not on file with Michigan Medicaid.

HT0619 – Recipient Not Eligible. If Recipient Regains Eligibility For DOS, Then Recipient May Be Enrolled In QHP:
The recipient is not eligible for Medicaid on the date of service that you entered, but if he/she regains eligibility for the date of service, then the recipient may be enrolled in QHP (Qualified Health Plan).

HT0628 – Recipient Not Eligible Because The Spenddown Has Not Been Met For The Month Of Service

The recipient is not eligible for the date of service that you entered because his/her spenddown has not been met for the month of service.

HT0744 – Recipient Not Eligible. No Medicaid — Low Income Medicare.

The recipient is not eligible for Medicaid, but he/she has Low Income Medicare coverage.

HT0745 – Recipient Not Eligible. No Medicaid — Medicare Colns/Ded Only.

The recipient is not eligible for Medicaid, but he/she has Medicare co-insurance and a deductible.

HT0746 – Recipient Not Eligible Because Spenddown Has Not Been Met For The Month Of Service. Medicare Colns/Ded Only.

The recipient is not eligible because the spenddown has not been met for the month of service. However, he/she has Medicare co-insurance and a deductible.

HT0747 – Recipient Not Eligible. Medicare Part B Only.

The recipient is not eligible for Medicaid, but he/she has Medicare Part B coverage.

HT0748 – Recipient Not Eligible Because Spenddown Has Not Been Met For The Month Of Service. Medicare Part B Only.

The recipient is not eligible because the spenddown has not been met for the month of service. However, he/she has Medicare Part B coverage.

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